



**West Ranch High School
Career Pathway Job Shadow Instructions
Shadows should be approved by Pathway Advisor
Documents due by April 15, Senior Year**

A job shadow is an experience where a student shadows an employee observing daily activities, and asking questions about the job and industry. It prepares students for the world of work and helps to identify career interests.

1. Select a field that you are interested in pursuing. Students may want to select a site based on their results from the career interest survey in Naviance.
2. Call the job shadow site to arrange a visit with a Workplace Host. Tell the employer you are interested in a job shadow for a school assignment. The job shadow should last between 2-4 hours.
3. If you need assistance in finding a job shadow host, e-mail Sue Reynolds (sreynolds@hartdistrict.org) or Janis Fiock (jfiock@hartdistrict.org) at the district office, or contact the counseling office to meet with our career coach.
4. Fill out the parent permission and waiver form. A parent signature is required on the front and back side of form.
5. Arrive 10 minutes early on the day of your visit.
6. Introduce yourself to everyone: Tell him/her your name, your school, make good eye contact and shake hands.
7. Dress as if you were interviewing for a job. Do not wear jeans, shorts, t-shirts or short skirts.
8. Ask Questions. People are more than willing to answer questions about their jobs.
9. Write a thank you note. Ask for a business card so you have the employer's name and address/e-mail.
10. Turn off your cell phone. Really. Or even better, leave it in the car.



**West Ranch High School
Job Shadow
Thank You Letter**

Thank You Letter

Please mail or e-mail a thank you letter to your Workplace Host.

- Thank you letters are important to building good relationships
- Thank you letters should be sent within one week of the experience
- Thank you letters need not be long
- Thank you letters should mention in some detail what you are grateful for and should express your gratitude in an enthusiastic, appreciative way.
- Thank you letters are your chance to show appreciation and express why you liked the experience, how you are going to use what you learned, and to share one thing you enjoyed the most about your day.

Month/Day/Year

Name of business host/ (Mr./Mrs./Ms. First Name/Last Name)

Name of business/company

Address

City, State, Zip Code

SAMPLE LETTER

Dear Mr./Mrs./Ms. (Last Name):

Thank you so much for the opportunity to Job Shadow with (*Company Name*) and for all of your (*assistance, information, guidance, encouragement, or the like*).

Job Shadowing with you was very rewarding (*mention here what you liked about this experience, what you gained from the experience, and the like*).

It was a pleasure learning about your company. Thank you again for this opportunity which will help me with my future career and school goals.

Sincerely,

(Your signature)

Your first and last name typed



**West Ranch High School
Job Shadow Interview Questions
(Return to Advisor)**

Name _____ Period _____

Conducting an Interview

To find out more about your Workplace Host's job, ask if you may conduct an interview. Rule of thumb—do not ask questions about your host's salary (salary information can be researched on your own). Make sure the questions you ask are spoken clearly, and that you make eye contact with your Workplace Host. You may use these questions or create your own questions.

1. What is your job title?

2. What are your responsibilities?

3. What is a typical day like for you?

4. What do you like the most about your job? What is most challenging about your job?

5. What kind of education or training is needed for this job?

6. a. What kinds of problems do you solve on the job?

b. What skills do you need to solve these problems?

7. How did you get started and what are job opportunities like in the field for the future?

Name of Workplace Host _____ Company: _____

Signature of Host _____ Date _____ Telephone _____



West Ranch High School
Post job shadow Student Evaluation Form
(Return to Advisor)

Post job shadow Student Evaluation Form

Name _____ Period _____

Now that you have completed your Job Shadowing experience, take some time to reflect on what you observed and how it might affect your plans for the future.

1. Why did you choose this job shadow?

2. What were the title and responsibilities of your Workplace Host?

3. Which parts of the job were of interest to you?

4. Which parts of the job were not interesting or challenging to you?

5. Would you consider a career in this field? Why or why not?



**West Ranch High School
Job Shadow
Parent Consent, Teacher and Attendance notification
(Return to Attendance Office)**

Your son or daughter has a unique opportunity to participate in a Job Shadowing experience for two to four hours at a workplace. He or she will be shadowing a Workplace Host, who will lead him or her through a department in the workplace. They will discuss a typical workday and explore different aspects of working in a particular industry and what skills they are learning in school that are needed in the working world.

In order for your child to participate, this form must be filled out and returned the Attendance Office prior to their job shadow:

Permission to Participate in Workplace Job Shadowing/Permission to Photograph Son/Daughter for Promotional and Educational Purposes:

My son/daughter, _____, may participate in a Job Shadowing experience.



PARENT/GUARDIAN SIGNATURE: _____

*Students are responsible for any work missed
due to the job shadow assignment.
Students should see their teachers before or after class
to get their missing assignments.*

Date of Job Shadow: _____

Attendance Notification

(Necessary only if student is participating during the school day)

Attendance Technician Signature:



_____ Date _____



**West Ranch High School
Waiver, Release and Indemnity Agreement
(Return to Attendance office)**

Student Name—Please PRINT _____

Date/Times of Participation: _____

Transportation: Transportation arrangements are completely the responsibility of the parent/guardian. William S. Hart UHSD will not provide transportation and will have no responsibility for arranging student transportation, carpools, or transportation routes.

Supervision: This program has been designed by the SCV School & Business Alliance, however, when students are Job Shadowing at the place of business there will be no direct William S. Hart UHSD supervision.

Medical Assistance: In consideration of the above, should emergency medical assistance be required, *The Company* officers are hereby authorized to call 911 and the parents of the student. If less serious medical attention is required, said *Company* officers should call the parents only.

For and in consideration of permitting the Undersigned William S. Hart UHSD, hereinafter referred to as **The District**, student to enroll in and participate in **The District's** Work-Based Learning Job Shadowing Program, assigned to work at

(Name and Address of The Company/Job Shadow Location)

hereinafter referred to as **The Company**, the Undersigned Parent/Guardian does hereby voluntarily release, discharge, waive and relinquish any and all rights to actions or causes of action against **The Company** and **The District**, its officers, agents, employees, and volunteers, for bodily injury, personal injury, property damage, or wrongful death as a result of this student's participation in the program, whether incidental or not, to **The District's** Work-Based Learning Job Shadowing Program.

The Undersigned Parent/Guardian further agrees to defend, indemnify, and hold harmless **The Company** and **The District**, its officers, agents, employees, and volunteers from all loss, cost and expense arising out of any liability or claim of liability for bodily injury, personal injury, property damage, or wrongful death, sustained or claimed to have been sustained, arising from activities of **The Company** and/or **The District**, or those of any of their officers, agents, employees and volunteers, whether such act is authorized by the Agreement or not.

The provisions of this agreement apply to any damage or loss caused by the negligence of **The Company** and/or **The District**, and any of their officers, agents, employees, or volunteers. IT IS THE INTENTION OF THE UNDERSIGNED PARENT/GUARDIAN BY THIS AGREEMENT, TO EXEMPT AND RELEASE **THE COMPANY AND THE DISTRICT** AND ITS OFFICERS, AGENTS, EMPLOYEES AND VOLUNTEERS FROM ANY AND ALL LIABILITY CAUSED BY NEGLIGENCE.

The undersigned acknowledged that he/she has read the foregoing three paragraphs, has been fully informed and has a complete understanding of the legal consequences of signing this agreement. In addition, the Undersigned accepts complete responsibility for this student's transportation to and from the **The Company** and acknowledges that no supervision is being provided by **The District** at **The Company** in connection with this activity.

Parent/Guardian Name—Please PRINT: _____

Parent/Guardian Signature: _____ Date: _____

Student Signature: _____ Date: _____

Parent Emergency Contact Phone Number: _____